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**TB CARE I**

# **TB CARE I - Ethiopia**

**Year 2  
Quarterly Report  
April-June 2012**

**July 30, 2012**

## Quarterly Overview

<b>Reporting Country</b>	<b>Ethiopia</b>
<b>Lead Partner</b>	<b>KNCV</b>
<b>Collaborating Partners</b>	<b>MSH, WHO</b>
<b>Date Report Sent</b>	July 30/2012
<b>From</b>	Ezra Shimelis, Country Director
<b>To</b>	Yared Haile & Helina Worku
<b>Reporting Period</b>	<b>April-June 2012</b>

<b>Technical Areas</b>	<b>% Completion</b>
1. Universal and Early Access	60%
2. Laboratories	43%
3. Infection Control	78%
4. PMDT	74%
5. TB/HIV	81%
6. Health Systems Strengthening	74%
7. M&E, OR and Surveillance	86%
8. Drug supply and management	50%
<b>Overall work plan completion</b>	<b>68%</b>

### Most Significant Achievements

#### Engaging civil societies on TB control

Capacity building of selected Civil Society organizations (CSO) in Addis Ababa region where TB burden is highest was conducted by training a total of 41 (M=1 & F=40) participants from three CSO on basic TB. The purpose of the training was to strengthen the engagement of CSO to contribute in TB case detection, education & raising awareness as well as in improving treatment adherence. At the end of the training, participants have developed an action plan and strategies includes: Awareness creation & sensitization through group discussion /individual house to house visit, dissemination of IEC materials, etc. ; improve early case detection through identifying those with symptoms of TB & contacts of TB patients advise/refer to HFs for evaluation and support adherence to treatment & identify and link defaulters to facilities through providing education , assistance when problems encounter, etc. It was also agreed to conduct regular joint monthly meetings of stakeholders under the leadership of the health bureau. The objective of the monthly meeting is to follow up & assess the progress of the planned activities, challenges & way forwards.

#### National workshop on strengthening AFB microscopy and EQA

A four day workshop on strengthening AFB microscopy and EQA organized in collaboration with EHNRI to discuss on how to strengthen AFB microscopy and EQA in the country and to review the existing national AFB microscopy and EQA guidelines. Accordingly, the regional laboratories presented their performance report on AFB microscopy EQA, challenges and the way forwards. Lack of transport for slide collection, shortage of human resource at regional laboratories to supervise the health facilities, shortage and poor quality microscopes , shortage of supplies ( slide box, frosted slides, reagents) , poor quality staining solutions , and lack of specially training on EQA data management were among the major challenges presented in the workshop. Discussions have been made on the challenges and consensus has been reached to work on them, such as web based data management and reporting, onsite evaluation of AFB Microscopy as proposed for APA3. A total of 53 (M=49 ; F=4 ) participants have attended this work shop. Subsequently, EQA Guideline revision continued, the first draft produced and a follow up meeting to finalize the guideline revision will be conducted in July 2012. TB CARE I supported these two events both technically and financially, and has a plan to support guideline finalization workshop and will address some of the challenges of the regional laboratories in APA 3.

#### TB IC implementation

Twelve health facilities found in Oromiya region, one of the major regions of the country, joined the pool of health facilities implementing TB IC activities: with focal person, plan, budget and monitoring mechanism of TB IC implementation. Apparently these health facilities were selected by the Health Bureau for MDR-TB service. Hence, the TB IC training conducted with the support of TB CARE I served as an opportunity to prepare these facilities for MDR-TB activity.

### **TB & TB/HIV guideline & training material reviewed**

TB CARE I supported the final revision of national comprehensive TBL and TB/HIV guideline, Training materials preparation and validation workshop of the guideline. RHB representatives, TB/HIV focal persons and partners had participated in this important event. As a follow up TB CARE I is committed to support this activity through proof reading, editorial, printing and dissemination of the guideline.

### **TB Control at congregate settings**

TB CARE I in collaboration with FMOH organized a series of panel discussions with various congregate settings (elementary & high schools, universities, cinema & theatre houses, transport sector). This has given insight to the stakeholders on the basics of TB, TB/HIV, TB IC measures, MDR TB and the significance of adherence to treatment hence to curb the emergence of MDR TB.

### **EH –RH regimen shift implementation**

TB CARE I supported Addis Ababa health bureau to organize three rounds of workshops to assess the implementation of EH-RH regimen shift and DOT. A total of 93 (M=41; F=52) participants from public health facilities, private facilities, sub city health department and regional health bureau actively attended the workshop. The outcome of this workshop was decided to be used as an initial document to continue the evaluation of the regimen shift nationwide.

### **Overall work plan implementation status**

The overall implementation of the planned activities is at 68% ,and we believe the progress is on the right track that all planned activities will be completed as per the timeframe of APA2.

### **Technical and administrative challenges**

No major technical and administrative challenges in the reporting period .

### **In-country Global Fund status and update**

Ethiopia has been granted three rounds of Global Fund including round 10(2012-2016), which mainly devoted to disease control activities including TB. The grant agreement for the first phase signed on March 22, 2012. The GF will be the major source for procurement of all the first line TB drugs, laboratory reagents, to support TB/HIV activities and procurement second line drug for 1500 MDR TB patients. More than 50 % of the requested GF round 10 budget for the coming six months has been released ,activities are underway at national level. The remaining budget is expected to be released soon.

## Quarterly Technical Outcome Report

Technical Area	1. Universal and Early Access							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with the services provided (Population/Patient Centered)	1.1.3 Patients' Charter is implemented Indicator Value: Score (0-3) based on definition	0	2011	1	2012		Two weeks(April 14 - 25, 2012) technical assistance was provided by Dr Netty Kamp on ACSM & civil society's engagement in TB control activities. A total of 41(M=1 & F=40) participants from three Civil society organizations were trained on TB and will engaged on TB related activities in of Addis Ababa Region where TB burden is highest.	<b>Challenge:</b> Follow up & monitoring of activities and scale up in the region would require more resource. <b>Next step:</b> We have started a monthly review meeting in July to discuss on performance of trained CSOs', Additional training is proposed for APA 3
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.4 CB-DOTS program is implemented Indicator Value: Score (0-3) based on definition.	1	2011	2	2012		Worked with MOH in finalizing the development reference guide and tools for TB Treatment Supporters.	
1.3 Reduced patient and service delivery delays (Timing)	1.3.2 Provider Delay Indicator Value: Number (of days or weeks)	4 Wks	2011	2 Wk	2012		TB CARE I sponsored the national childhood TB consultative workshop, which was conducted successfully on April 12,2012. As part of the childhood TB activity TA for Childhood TB was provided from April 9-14, 2012 by Vincent Kuyvenhoven from KNCV HQ. The childhood TB section included in the national TBL guideline as one chapter and TBCARE I expert	<b>Next step:</b> Develop provider tool on childhood TB

Technical Area 2. Laboratories									
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target	
		Data	Year	Data	Year	Y1			
2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	2.1.2 Laboratories with working internal and external quality assurance programs for tests that they provide including: a) smear microscopy, b) culture, c) DST, and d) rapid molecular test	450/1596 =28% (for a)	2011	50%	2012		A national workshop on strengthening AFB microscopy and EQA conducted between June 12-15,2012. The workshop was aimed to discuss on how to strengthen AFB microscopy and EQA in the country. A total of 53 (M=49 ; F=4) participants attended this work shop.	<b>Challenge:</b> unable to conduct supportive supervision to the regional laboratories due to delay in start up of TB culture at regional labs. <b>Next step:</b> plan to discuss with responsible body for possible solutions.	
		0(for b,C & d)	2011	5/5 (100%)	2012				

Technical Area	3. Infection Control							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		
3.2 Scaled-up implementation of TB-IC strategies	3.2.2 Key facilities with IC focal person, implementation plan, budget, and monitoring system Indicator Value: Percent Numerator: The number of selected categories of key facilities with all three (a+b+c) interventions in place. Denominator: Total number of key	=16/50	2011	60/90	2012		Twelve health facilities found in Oromiya region joined the pool of health facilities implementing TB IC activities. Apparently these health facilities were selected by the Health Bureau for MDR-TB service.	
3.4 Improved TB-IC human resources	3.4.1 A team of trained trainers in TB IC is available Indicator Value: Yes/No	Yes	2011	Yes	2012	Yes	Reported in the previous quarters	
3.3 Strengthened TB-IC monitoring & measurement	3.3.1 Annual reporting on TB disease (all forms) among HCWs is available as part of the national R&R system Indicator Value: Yes/No	NA	2011	Yes	2012	No	No data source to reporting this indicator	<b>Challenges:</b> National unit TB register does not capture this data. <b>Next Step:</b> Advocate for the inclusion of the indicator in the Recording and reporting format at national level.

Technical Area 4. PMDT								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result		
		Data	Year	Data	Year	Y1		
4.1 Improved treatment success of MDR TB	4.1.1 Number of MDR cases put on treatment Description: number of MDR cases put on treatment funded by USAID Indicator Value: Number Level: national Source: MDR treatmnt register Means of Verification: field visits (national and TB CARE project sites), checking MDR treatment registers with reports Numerator: The number of MDR patients put on treatment disaggregated by gender and type of patient (new or previously treated)	150	2011	300	2012		Additional 60 (M=30; F=30) MDR TB patients put on SLD between April ~June 2012, which makes a total number of patient on treatment 431(M=218; F=213). 150 of the patients put on SLD were using USAID fund located in APA I and TB CAP project. Procurement of drugs using USAID fund is underway for this year.	
	4.1.2 MDR TB patients who are still on treatment and have a sputum culture conversion 6 months after starting MDR-TB treatment Indicator Value: Percent Numerator: Number of MDR TB patients in a cohort who are still on treatment and had culture conversion latest at month 6 (having had 2 negative sputum cultures taken one month apart and remained culture negative since) Denominator: Total number of MDR patients who started treatment in the cohort.	= 31/85	2011	55%	2012	8%	Of the total 165 cohort MDR TB patient who were on treatment for more than 6 months, only 13(7.9%) of them reported as negative culture result, 131(79.4%) of the patient has no known culture result for these months of treatment and 6(3.6 %) of them has positive culture result. 15(9%) of them died during the first six month treatment period.	<b>Challenges:</b> Delayed in the TB culture result to MDR TB treatment sites from the national laboratory and St Peter TB laboratory. <b>Next Step:</b> discussions are underway, and two additional regional labs(Adama & Bahirdar) are on validation phase to start service.

Technical Area	5. TB/HIV							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		
5.1 Strengthened prevention of TB/HIV co-infection	5.1.1 New HIV patients treated for latent TB infection during reporting period Indicator Value: Percent Numerator: Total number of newly-diagnosed HIV-positive clients in whom active TB has been excluded who start (given at least one dose) treatment of latent TB infection. Denominator: Total number of newly diagnosed HIV-positive clients.	= 21%(663 6/31650)	2010	80%	2015		To be reported at the end of reporting year	
5.2 Improved diagnosis of TB/HIV co-infection	5.2.1 HIV-positive patients who were screened for TB in HIV care or treatment settings Indicator Value: Percent Numerator: Number of HIV-positive patients seen at HIV testing and counseling or HIV treatment and care services who were screened for TB symptoms, over a given time period. Denominator: Total number of HIV-positive patients seen at HIV testing and counseling or HIV treatment and care services, over the same given	=79% (43837/5 5350)	2010	100%	2015		To be reported at the end of reporting year	
	5.2.2 TB patients with known HIV status Indicator Value: Percent Numerator: Total number of all TB patients registered over a given time period who were tested for HIV (after giving consent) during their TB treatment Denominator: Total number of TB patients registered over the same given time period.	45%(669 55/14950 8)	2010	90%	2015		To be reported at the end of reporting year	
5.3 Improved treatment of TB/HIV co-infection	5.3.1 Registered HIV infected TB patients receiving ART during TB treatment Indicator Value: Percent Numerator: All HIV-positive TB patients, registered over a given time period, who receive ART (are started on or continue previously initiated ART) Denominator: All HIV-positive TB patients registered over the same given time period.	39%(382 3/9809)	2010	100%	2015		To be reported at the end of reporting year	
	5.3.2 HIV-positive TB patients who receive CPT Indicator Value: Percent Numerator: Number of HIV-positive TB patients, registered over a given time period, who receive (given at least one dose) CPT during their TB treatment Denominator: Total number of HIV-positive TB patients registered over the same given time period.	69%(672 3/9809)	2010	100%	2015		To be reported at the end of reporting year	

Technical Area		6. Health Systems Strengthening						
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		
6.1 TB control is embedded as a priority within the national health strategies and plans, with matching domestic financing and supported by the engagement of partners	6.1.1 TB care and control strategic plan embedded within national health strategies, including quantifiable indicators and budget allocations  Indicator Value: Yes/No	No	2011	Yes	2012	Yes	Dr Bert Schreuder, Consultant at KNCV HQ provided two weeks (April 9- 12, 2012) technical assistance on how to make a health system scan & identify gaps using the WHO's Health System tool. Accordingly, health system strengthening (HSS) scan exercise workshop was conducted in Oromiya region and major gaps of the health system identified. Lack of community awareness, delay in TB diagnosis, lack of adequate IC system, lack of access to community TB service, lack of active case findings were identified as major gap to provide quality TB service. Based on the identified gap, HSS action plan was developed. In this workshop a total of 31(M=26 & F= 05) individuals were participated	<b>Challenge:</b> To scale up in all regions of the country would require more resources: financial as well as human capacity. Ownership of planned activities by the regional health office & follow up of implementation. <b>Next step:</b> plan for additional training in APA3

Technical Area	7. M&E, OR and Surveillance							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		
7.3 Improved capacity of NTPs to perform operations research	7.3.1. OR studies completed and results incorporated into national policy/guidelines Indicator Value: Number (of OR studies and instances reported separately)	1	2011	2	2012	1	i) OR national baseline assessment & OR training impact assessment is ongoing and expected to be completed in August 2012. ii) National OR capacity building project for APA3, proposal developed by KNCV head quarter in consultation with country office submitted to USAID. iii) Series of short meeting have been conducted to promote Operational research at national level through the leadership of Amour Hanson Research	<b>Next step:</b> discussions will continue to promote OR at national level
	7.3.2. Number of NTP staff trained on OR Description: NTP staff who will actively participate in training on OR on TB Indicator Value: Number Level: National Source: TB research advisory committee of MOH Means of Verification: Numerator: Number Denominator:	0	2011	25	2012	15	Reported in the first quarter	
7.2 Improved capacity of NTPs to analyze and use quality data for the management of the TB program	7.2.3. A data quality audit at central level has been conducted within the last 6 months Indicator Value: Yes/No	No	2011	Yes	2012	No	TB CARE I supported training on use of TB information for decision making in May 27 & 28/2012. The main objective of the training was to equip TB program managers and TB focal persons with adequate knowledge and skill on TB data use for evidence based TB program planning improvement, and decision. A total of 30(M=21; F=9) participants from 11 regions of the country were attended the training.	<b>Challenges:</b> It was a plan to conduct data quality audit at central level but do other competing priorities, it was difficult to conduct in the past three quarter. <b>Next Step:</b> TB CARE I has started working closely with one region as a pilot to see the outcome of the training on TB data Quality and have a plan to do data quality auditing in the first quarter of APA3.

Technical Area	8. Drug supply and management							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		
8.1 Ensured nationwide systems for a sustainable supply of anti-TB drugs	8.1.1 Quarterly national stock information available Indicator Value: Number (as months of stock for FLDs and SLDs separately)						i) Joint supportive supervision on IPLS implementation, TB drug distribution and assessment of availability of TB drugs at facility level and implementation of EH-RH shift conducted. ii) Trainings on Basic of TB, TBL & TB/HIV was given to 28 (M=25; F=3) Pharmaceutical Fund and Supply Agency (PFSA) staff on April 29 & 30, 2012. iii) A training on TB DSM was provided to 31(M= 22; F=9) pharmacy professional from 29 MDR TB treatment and follow up sites in 10-12 April, 2012.	<b>Next step:</b> TB CARE I will continue supporting the facility to have a system of reporting stock information to next higher level using LMIS
	8.1.2 Updated SOPs for selection, quantification, procurement, and management of TB medicines available Indicator Value: Yes/No	NA	2011	6-12(FLDs)	2012	Yes	Reported in the previous quarter	



## Quarterly Activity Plan Report

1. Universal and Early Access								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Completion Month	Year	Cumulative Progress and Deliverables up-to-date
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with the services provided (Population/Patient Centered Approach)	1.1.1	Workshop with mentee organization	KNCV	5,280	100%	Jul	2012	A total of 41(M=1 & F=40) participants from three Civil society organizations were trained on TB and will engaged on TB related activities in Addis Ababa Region where TB burden is highest.
	1.1.2	Mentoring workshop	KNCV	921	Cancelled	Sep	2012	It's not applicable in the Ethiopian context, since there is no appropriate organization that could be identified as 'Mentoring CSO'. Budget of this activity is used for activity No 1.1.1
	1.1.3	Stakeholders workshop	KNCV	1,620	Cancelled	Aug	2012	It was not possible to organize this workshop. No national TB specific ACSM strategy. Budget used for activity No 1.1.1
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.1	Updated HEWs TB Reference Material	WHO	15,000	100%	Mar	2012	HEWs TB Reference Material updated
	1.2.2	HEW Reference Material translated to local Language	WHO	12,000	0%	Jun	2012	Waiting for the endorsement of MOH before translation
	1.2.3	Update HEW Reference Material is printed	WHO	20,000	0%	Sep	2012	Planned for 4th Quarter
	1.2.4	TB Treatment supporters Training material Developed	WHO	33,000	100%	Mar	2012	Training materials developed
	1.2.5	M& E tool for TTS is developed	WHO	10,000	100%	Mar	2012	Tool developed
	1.2.6	M& E tool for TTS is translated to 4 local Languages	WHO	10,000	0%	Jun	2012	Waiting for the endorsement of MOH before translation
	1.2.7	M& E tool for TTS is printed	WHO	30,000	0%	Sep	2012	Planned for 4th Quarter

	<b>1.2.8</b>	International Travels Made	WHO	5,000	100%	Dec	2011	One WHO expert attended the STAG-TB and TB TEAM meetings organized by WHO HQ in Geneva between 18-20 June 2012
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>	<b>Cumulative Progress and Deliverables up-to-date</b>
1.3 Reduced patient and service delivery delays (Timing)	<b>1.3.1</b>	Consultative meeting on Child TB	KNCV	5,980	100%	Apr	2012	TB CARE I sponsored the national childhood TB consultative workshop, which was conducted on April 12, 2012. As part of the childhood TB activity TA for Childhood TB was provided between April 9-14, 2012 by Dr. Vincent from KNCV HQ.
	<b>1.3.2</b>	Protocol preparation	KNCV	2,980	100%	Jun	2012	The childhood TB section included in the national TBL guideline as one chapter and TB CARE I expert participated in the process.
	<b>1.3.3</b>	Provider support tool	KNCV	3,460	25%	Sep	2012	Reference material to develop provider tool identified and will be worked further and finalized in the fourth quarter
					<b>60%</b>			

<b>2. Laboratories</b>								
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Planned Completion Month</b>	<b>Year</b>	<b>Cumulative Progress and Deliverables up-to-date</b>
2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	<b>2.1.1</b>	Revise/Develop manual/training module/ guideline for AFB or culture & DST	MSH	9,514	95%	Jun	2012	A four day workshop was organized to strengthen AFB microscopy EQA. Revision of AFB microscopy EQA guideline started and the document will be made available for printing in the coming few months.
	<b>2.1.2</b>	Training on TB Culture and DST	MSH	11,859	100%	Sep	2012	Reported in the second Quarter
	<b>2.1.3</b>	Laboratory networking strengthening at supra national	MSH	3,889	0%	Jun	2012	This activity doesn't cost any budget. Request for activity modification approved, and plan to support AFB EQA in the fourth quarter.

	<b>2.1.4</b>	Conduct supportive supervision to 5 Regional labs	MSH	1,920	0%	Sep	2012	Discussions are underway with Ethiopian Health & Nutrition Research Institution (EHNRI), this activity is expected to be complete in the 4th quarter.
	<b>2.1.5</b>	Support culture sample transportation from RRLs to EHNRI for EQA	MSH	100	0%	Jul	2012	Planned for the 4th quarter.
	<b>2.1.6</b>	Provide international TA to laboratory networking	MSH	7,481	100%	Mar	2012	International TA on AFB microscopy lab network was provided by Charles Kagoma between March 4-10/2012. The objective of TA was to strengthen the AFB microscopy network. Site visit and discussion has been made with EHNRI and two regional laboratories (Adama and Hawasa). After assessing the current situation, he developed a concept and briefed EHNRI and USAID Ethiopia on future directions to strengthen lab network and improve AFB EQA in the country.
	<b>2.1.7</b>	Procurement of Olympus microscope to EHNRI	MSH	46,000	0%	Mar	2012	Procurement of Olympus Microscope initiated but not yet procured.
	<b>2.1.8</b>	Support and participate the national Laboratory	MSH		75%	Apr	2012	Participated in three TWG meetings organized by EHNRI.
	<b>2.1.9</b>	Support oversee training on new diagnostics	MSH	4,490	0%	Sep	2012	Planned in the 4th quarter
	<b>2.1.10</b>	Preparation and transportation of cultures to 5 RRLs	MSH	900	0%	Sep	2012	This activity will be aligned with supportive supervision in the 4th quarter

	<b>2.1.11</b>	Consultative meeting to define a national TB diagnostic strategy	MSH	2,915	100%	Mar	2012	TB CARE I supported two days (March 16-17, 2012) national consultative work shop. The objective of the workshop was to develop national diagnostic strategy on existing and new TB diagnostics. As a follow up of the workshop outcomes discussions are under way on how to act and implement new diagnostics especially Xpert MTB/RIF and alleviate challenges on existing TB diagnostics.
					<b>43%</b>			

<b>3. Infection Control</b>								
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Planned Completion Month</b>	<b>Year</b>	<b>Cumulative Progress and Deliverables up-to-date</b>
3.2 Scaled-up implementation of TB-IC strategies	<b>3.2.1</b>	Provider support tools	KNCV	4,480	40%	Feb	2012	Postponed for 4th quarter.
	<b>3.2.2</b>	IEC materials on TB IC	KNCV	20,940	90%	Feb	2012	TB IEC material for schools drafted; ready for printing
	<b>3.2.3</b>	Produce handkerchiefs	KNCV	3,363	100%	Sep	2012	Produced and ready for distribution
	<b>3.2.4</b>	Supportive supervision on TB IC	KNCV	11,745	50%	Sep	2012	Next supportive supervision planned in the 4th quarter
	<b>3.2.5</b>	Renovation of TB clinics	KNCV	60,000	50%	Jun	2012	Renovation of TB room and waiting area is underway at GUH(see photo Album). Agreement with contractor will be done soon to start the Tigray Renovation.
	<b>3.2.6</b>	Prepare model design for sputum collection	KNCV	14,800	75%	Apr	2012	Four different models have been produced. Comments obtained from staff and last comments will be collected from end users before selected for final model selection
	<b>3.2.7</b>	National guideline on health facility design	KNCV	2,520	50%	Jun	2012	Basic norms and standards agreed upon and assignment given for trained Architects of FMOH as the way forward; they have a tentative plan to do it in 4th quarter.

	<b>3.2.8</b>	Updating national guideline on TB IC	KNCV		100%	Sep	2012	TB IC component incorporated in the comprehensive TBL and TB/HIV Guideline
	<b>3.2.9</b>	Surveillance of TB among HCW	KNCV	1,503	50%	Sep	2012	Activity is being done with Addis Ababa City Administration Health Bureau; with trained Health Facilities.
	<b>3.2.10</b>	Equipment	KNCV	5,000	100%	Mar	2012	Budget shifted to activity No. 3.2.3
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>	<b>Cumulative Progress and Deliverables up-to-date</b>
3.4 Improved TB-IC human resources	<b>3.4.1</b>	National training on TB IC	KNCV	25,400	100%	Sep	2012	Regional Training conducted for 29 (M=15; F=14) selected from 12 health facilities from Oromiya Regional Health
	<b>3.4.2</b>	Overseas training on TB IC	KNCV	8,900	100%	Jun	2012	Two (M= 2; F=0)TB CARE I staffs attended advanced TB IC training course in South Africa in June 4- 8/2012.
	<b>3.4.3</b>	Training for Architects	KNCV	5,313	100%	Mar	2012	17 Engineers and Architects working at MOH and Regional Health Bureau participated in the workshop of TB IC, which was conducted between Feb 27- 29/2012.
	<b>3.4.4</b>	TA on TB IC	KNCV	70,327	85%	Aug	2012	Second round TA planned in the 4th quarter
					<b>78%</b>			

<b>4. PMDT</b>								
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Planned Completion Month</b>	<b>Year</b>	<b>Cumulative Progress and Deliverables up-to-date</b>
4.1 Improved treatment success of MDR TB	<b>4.1.1</b>	Procure SLDs	KNCV	750,000	25%	Sep	2012	Payment of Second Line Drugs for 150 MDR TB patients has been done to GDF by KNCV HQ , first shipment is expected to arrive in three months.
	<b>4.1.2</b>	Procure ancillary drugs	KNCV	45,000	75%	Jun	2012	Ancillary drugs procured for Gondar and ALERT MDR sites. Additionally Reagent for hormonal assay purchased for Gondar MDR site to increase the capacity of the hospital in conducting follow up laboratory investigations for MDR TB patients.

	<b>4.1.3</b>	International training on PMDT	KNCV	15,104	25%	Jun	2012	Preparatory work being done, team from ALERT MDR unit led by the TB CARE I PMDT coordinator will travel to Namibia for experience sharing visit between July 16-20, 2012
	<b>4.1.4</b>	Local training on PMDT	KNCV	27,335	100%	Mar	2012	In addition to the training held for 20 health care workers in previous quarter, In the reporting quarter, two round of PMDT training for 68 (M=33 F=35)staffs of Addis Ababa Health Centers, St.Peter and ALERT staffs were provided. All the public health facilities of the region have got chance to participate in the training and helped to fill the gap created by staff turnover and new assignment.
	<b>4.1.5</b>	Provider support tools	KNCV	5,025	75%	Jun	2012	Preparation underway and the first draft will be produced in the 4th quarter.
	<b>4.1.6</b>	Support MDR technical working group	KNCV	5,640	75%	Sep	2012	Like previous quarters, support of the MDR TB TWG group continued; preparatory work being done to support MDR TB review meeting of Amhara Regional Health Bureau which will be held at Gondar University Hospital on July 11/2012
	<b>4.1.7</b>	Orientation on PMDT	KNCV	19,440	100%	Mar	2012	Conducted orientation workshop for more than 600 staffs of Gondar University hospital and 80 support staffs of ALERT center in January 2012.
	<b>4.1.8</b>	Supportive supervision	KNCV	7,830	80%	Sep	2012	As part of supportive supervision, catchment area meetings have been conducted at ALERT MDR and St. Peter MDR TB centers. Technical difficulties and management issues were discussed during the two meetings. This type of meeting will continue monthly in the two sites.
	<b>4.1.9</b>	International conference	KNCV	18,640	100%	Oct	2012	Reported in the first Quarter

	<b>4.1.10</b>	TA on PMDT	KNCV	65,179	100%	Sep	2012	The first TA was conducted in March 11-17, 2102 by Dr Victor from Africa Regional office, detail reported the second quarter. In the third quarter, TA on Childhood TB was provided by Dr. Vincent Kuyvenhoven from KNCV HQ between April 9- 14, 2012. The purpose of visit was to provide technical assistance for NTP/FMOH, TB CARE 1-Ethiopia and other stakeholders in assessing Childhood TB and develop a strategy/plan on how to improve diagnosis and treatment of TB in children in
	<b>4.1.11</b>	Socio-economic support	KNCV	18,000	80%	Sep	2012	TB CARE I is supporting monthly transportation allowance of 30 MDR TB patients who were admitted in ALERT hospital and now being treated as ambulatory patients, covers the cost of all follow up laboratory investigation of the patients for the tests which are not available at hospital, covers the house rent of 04 patients based on the house assessment of individual patient done by the hospital MDR TB management team.
	<b>4.1.12</b>	Nutritional support	KNCV	10,500	100%	Sep	2012	TB CARE I continued nutritional support for ALERT MDR TB patients and in the process to support 420 MDR TB Patient being treated in St. Peter hospital for 06 months.
	<b>4.1.13</b>	Update PMDT guideline	KNCV	4,400	Cancelled	Sep	2012	FMOH postponed the revision of the guideline for next year, activity modification requested to use the budget for development PMDT training material for middle level health care workers and program managers. Activity modification approved, preparatory work underway, and the training material will be piloted in Addis Ababa and Gondar MDR sites in the fourth quarter.

	<b>4.1.14</b>	Equipment for MDR ward	KNCV	31,000	90%	Jun	2012	Medical equipments and supplies were purchased for ALERT MDR ward and St.Peter MDR program in the previous quarters. The support continued and in this quarter laboratory supplies and reagent were procured.
	<b>4.1.15</b>	Nationl protocol on application of GenXpert	KNCV	8,720	100%	Feb	2012	See activity 2.1.11
	<b>4.1.16</b>	Data management	KNCV	8,044	50%	Jun	2012	The electronic data base system is underdevelopment and the implementation is not yet started. The budget of this activity modified to conduct Middle level health care worker and program manger training on PMDT in the 4th quarter.
	<b>4.1.17</b>	Procurement of respirators	KNCV	6,000	50%	Aug	2012	Local supplier identified and purchase ordered
	<b>4.1.18</b>	Procurement of surgical masks	KNCV	4,000	100%	Mar	2012	A total of 23,850 pieces procured and being distributed to MDR TB sites .
	<b>4.1.19</b>	Vehicles	KNCV	60,000	100%	Jun	2012	Two cars(Toyota Hi-Lux and one Honda CRV 2012 model )for MDR TB sites procured and process at custum office is underway.
	<b>4.1.20</b>	TA on laboratory for PMDT	KNCV	44,167	50%	Jun	2012	Valentina Anisimova TB CARE I/KNCV Lab Consultant with Victor Ombeka, TB CARE I/KNCV PMDT Consultant provided technical assistance (TA) for NTP/FMOH, TB CARE 1-Ethiopia and other stakeholders for successful implementation of PMDT and laboratory diagnostic capacity and related activities in Ethiopia between March 8- 13/2012. The second round TA planned between July 20- August 8 2012.
	<b>4.1.21</b>	Dissemination of expreience	KNCV	951	25%	Sep	2012	Preparation underway to document the contribution of TB CAP/TB CARE I for PMDT program in Ethiopia and articles on PMDT experience of Ethiopia in collaboration with KNCV HQ.
	<b>4.1.22</b>	Training material	KNCV	2,520	25%	Mar	2012	Preparatory work underway to develop the PMDT training material in July 2012.



	<b>4.1.23</b>	Renovation	KNCV	84,184	75%	Sep	2012	Training center being renovated in St.Peter hospital going well. Renovation of Bishoftu Hospital waiting area is also underway.
	<b>4.1.24</b>	Sensitization workshop	KNCV	7,032	100%	Mar	2012	TB CARE I supported the national PMDT expansion scale up consultative workshop which was conducted between Feb 9-10 / 2012 at Addis Ababa. A total of 62 (M=51; F=11) participants from NTP, Regions and partner organizations attended the meeting. During the meeting, Regional health Bureaus has presented their MDR TB service expansion plan for the year 2012- 2015.
					<b>74%</b>			

<b>5. TB/HIV</b>						<b>Planned Completion</b>		
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>	<b>Cumulative Progress and Deliverables up-to-date</b>
5.1 Strengthened prevention of TB/HIV co-infection	<b>5.1.1</b>	Organize MOST for TB/HIV workshop	MSH	30,838	75%	Jun	2012	MOST for TB and MOST for TB/ HIV workshops were held on April 30 and May 1 in Oromia region and in May 3-4 in Amhara region. The goals of the workshop were to: follow up the MOST for TB Control and MOST for TB/HIV collaboration; recognize improvements and gaps; prioritize management components to be improved the next year (July 2012-June 2013); prepare an Action Plan for strengthening TB Control Program; prepare an Action Plan for strengthening TB and HIV Programs Collaboration. The workshops were facilitated by Lia Kropsch, MSH international consultant and TB CARE I staffs

	5.1.2	Support FMOH HMIS activities	MSH		75%	Sep	2012	In line with the guideline and training material development, TB CARE I technically supported in revising and developing the M & E section of TB & TB/HIV.
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>	<b>Cumulative Progress and Deliverables up-to-date</b>
5.2 Improved diagnosis of TB/HIV co-infection	5.2.1	Participate in the national TB/HIV TWG meetings	MSH		75%	Sep	2012	Participated in TWG meetings in relation with the guideline development, validation workshop and in organizing the national TBL and TB/HIV TOT.
	5.2.2	Pilot TB/HIV SOPs	MSH	25,133	75%	Sep	2012	It was decided that TB/HIV SOP should be part of the TB case detection SOP component. Hence, TB/HIV SOP is incorporated in TB case detection and a half day stakeholder briefing workshop was conducted in Addis Ababa. Twenty one (M=19; F=3) participants attended the meeting. Discussion with FMOH will be done next quarter to finalize the SOP piloting.
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>	<b>Cumulative Progress and Deliverables up-to-date</b>
5.3 Improved treatment of TB/HIV co-infection	5.3.1	Revision and printing of the national TBL and TB/HIV guidelines	MSH	5,000	75%	Mar	2012	Revision of the guideline and training material finalized. Printing will be done in the 4th quarter.
	5.3.2	Organize TB/HIV TOT	MSH	22,714	100%	Jun	2012	National TBL and TB/HIV TOTs conducted in Adama town from May 21-26, 2012 in collaboration with FMOH. A total of 46 participants (M=33; F=13) from 11 regions participated in the TOT.
	5.3.3	Follow-up of TB case detection SOPs pilot program	MSH	24,211	75%	Mar	2012	SOP implementation being followed up and final follow up and evaluation scheduled for next quarter.

	<b>5.3.4</b>	Support the national EH-RH regimen shift initiative	MSH	7,914	100%	Sep	2012	93 (M=41 ; F=52) HCWs oriented on EH-RH regimen shift and group discussions conducted on DOT. The outcome of this workshop was decided to be used as an initial document to continue the evaluation of the regimen shift nationwide.
					<b>81%</b>			

<b>6. Health Systems Strengthening</b>						<b>Planned Completion</b>	<b>Month</b>	<b>Year</b>	<b>Cumulative Progress and Deliverables up-to-date</b>
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>				
6.1 TB control is embedded as a priority within the national health strategies and plans, with matching domestic financing and supported by the engagement of partners	<b>6.1.1</b>	TA on HSS	KNCV	34,979	100%	Jun	2012	Dr Bert Schreuder provided two weeks (April ,9- 12, 2012) technical assistance on how to make a health system scan & identify gaps using the WHO's Health system tool. Accordingly, Health System Strengthening(HSS) scan exercise workshop was conducted in Oromiya region and major gaps of the health system identified. Lack of community awareness, delay in TB diagnosis, lack of adequate IC system, lack of access to community TB service, lack of active case findings were identified as major gap to provide quality TB service. Based on the identified gap, HSS action plan was developed. In this workshop a total of 31(M=26 & F= 05) individuals were participated.	
	<b>6.1.2</b>	Participate in the national TWGs	MSH		75%	Sep	2012	See activity No. 5.2.1	
	<b>6.1.3</b>	TB messages broadcasting	MSH	35,000	75%	Sep	2012	The weekly TB message broadcasting for half an hour has been going on smoothly in all quarters. Activity budget modification requested to assess impact of the program to the largest audience.	

	<b>6.1.4</b>	TB message disseminated via Print media	MSH		75%	Sep	2012	TB messages were printed and disseminated to the public via different public and private print media (news papers) in both amharic and english languages
	<b>6.1.5</b>	WTD commemoration	MSH	17,700	100%	Mar	2012	TB CARE I supported printing of 40 banners in 5 different languages, a banner and 400 t-shirts, refreshment for the commemoration at St Peters Hospital and procured pajamas for 500 TB patients. TB CARE I covered expense of seven TB Media Forum members to report commemoration and TRAC events in print & electronic media.
	<b>6.1.6</b>	Support other TB event	MSH	16,114	100%	Sep	2012	Pannel discussions with various congregate settings( elementary & high scholls,universities,cinema & theatre houses,transport sector)
	<b>6.1.7</b>	Support TB Media Forum quarterly meeting	MSH	12,795	25%	Sep	2012	Activity scheduled for mid July and the remaining budget is to be used for impact assessment.
	<b>6.1.8</b>	Support STOP TB partnership	MSH	3,920	10%	Sep	2012	Activity modification requested hence remaining budget is to be used for impact assessment.
	<b>6.1.9</b>	MOST for TB Follow up workshop	MSH	10,300	75%			MOST for TB & TB/HIV follow up workshops conducted in Oromia and Amhara Regions(April 30-May,4/2012) .On site follow up to be done in the next quarter with both regions.
	<b>6.1.10</b>	Support the JSSV	MSH	17,600	75%	Sep	2012	Supported revision of national checklist for joint supportive supervision and has plan to support supportive supervision of Oromia Regional Health in the 4 <sup>th</sup> quarter.
	<b>6.1.11</b>	Union conference participation	MSH	9,678	100%	Oct	2011	The annual lung conference in Lile/France was attended by TB CARE I & EHNRI staff
					<b>74%</b>			

7. M&E, OR and Surveillance						Planned Completion		
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.2 Improved capacity of NTPs to analyze and use quality data for the management of the TB program	7.2.1	Registers and formats	KNCV	12,000	75%	Jun	2012	Supported development & revision of MDT TB recoding & reporting tools and will support printing of TB & MDR TB formats in the 4 <sup>th</sup> quarter.
	7.2.2	Supportive supervision	KNCV	3,915	100%	Jun	2012	As part of supportive supervision, TB CARE I participated and technically assisted review meeting of Addis Ababa region on TB Data Quality. TB CARE I also supported pre testing of MDR TB reporting formats and preparation of backlog report on MDR TB activities at three MDR TB sites. MDR TB services were not reported to the national TB program at regular bases previously.
	7.2.3	Training on data quality	KNCV	8,870	100%	May	2012	TB CARE I supported training on use of TB information for decision making in May 27 & 28/2012. The main objective of the training was to equip TB program managers and TB focal persons with adequate knowledge and skill on TB data use for evidence based TB program planning improvement, and decision. A total of 30(M=21; F=9) participants from 11 regions of the country were attended the training.
	7.2.4	International TB conference	KNCV	4,660	100%	Oct	2011	The annual lung conference in Lille/France was attended by MOH staff
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.3 Improved capacity of NTPs to perform operations research	7.3.1	Operational research agenda	KNCV	3,250	50%	Mar	2012	National OR capacity building proposal finalized, and national ownership promoted through AHRI / FMOH and high level discussion at Ministerial level on proposed plan on OR

	<b>7.3.2</b>	TA on Operational research	KNCV	33,421	100%	Jun	2012	A short visit was conducted by Dr Eveline Klinkenberg to assist operational research activities in May 29-31,2012. A framework on national OR strategy drafted to be implemented starting from APA-2b
	<b>7.3.3</b>	Training on operational research	KNCV	11,000	100%	Dec	2011	According to the new OR capacity building project - It's planned to conduct 3-4 rounds of OR training per annum, starting from APA 3.
	<b>7.3.4</b>	Sponsor researches	KNCV	6,000	100%	Mar	2012	Two OR reviewed & sponsored: MDR-TB patients survival assessment and IPT impact on the incidence of TB disease
	<b>7.3.5</b>	Conduct operational research	KNCV	20,350	25%	Mar	2012	communication with AHRI to conduct research is underway.
	<b>7.3.6</b>	TB prevalence survey	KNCV	4,020	100%	Dec	2011	National prevalence survey final result dissemination workshop conducted and TB CARE I sponsored this event in addition to technical and financial support provided during the survey period. TB CARE I was awarded a certificate of recognition.
	<b>7.3.7</b>	TB conference	KNCV	16,287	100%	Mar	2012	The seventh TB Research Advisory Committee (TRAC) conference held from March 21- 23 / 2012. TB CARE I financially supported the event & sponsored satellite session on OR
					<b>86%</b>			

<b>8. Drug supply and management</b>						<b>Planned Completion</b>		
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>	<b>Cumulative Progress and Deliverables up-to-date</b>

8.1 Ensured nationwide systems for a sustainable supply of anti-TB drugs	<b>8.1.1</b>	Follow up of IPLS implementation .	MSH	12,960	75%	Sep	2012	The second joint supportive supervision was conducted with Hawassa branch of Pharmaceutical Fund and Supply Agency (PFSA) in May 20-27, 2012. Implementation of IPLS assessed with especially emphasis on DSM of TB drugs at the 29 (4 hospitals & 25 health centers) health facilities visited. It was found that implementation of IPLS was satisfactory in most HFs.
	<b>8.1.2</b>	Introducing proper DSM system of SLDs in all MDR sites	MSH	7,560	50%	Aug	2012	Training on Basic of TB & TB/HIV was given to 28 (M=25; F=3) PFSA staff on April 29 & 30, 2012.
	<b>8.1.3</b>	Support the integration of TB pharmaceuticals distribution with ARV drugs.	MSH	15,120	75%	Sep	2012	Hawassa branch PFSA of had started distributing anti-TB drugs to the nearly Zonal Health Department stores. The branch is building its capacity to improve the distribution of these drugs directly to Health Facilities every two months.
	<b>8.1.4</b>	Support national review meeting on the implementation of IPLS and TB DSM.	MSH	18,078	0%	Jun	2012	Activity postponed to 4th quarter
	<b>8.1.5</b>	Support national TB DSM assessment.	MSH	30,110	75%	Sep	2012	Availability of anti-TB drugs was assessed during the Joint Supportive Supervision in all visited HFs, Zonal Health Departments & the PFSA Hub. It is observed that there was a problem of anti TB drug distribution in some HFs. On site feedback was given to the HFs & the Zonal Health Department on how to solve the problem the identified.
	<b>8.1.6</b>	Support EH/RH regimen shift.	MSH		75%	Sep	2012	All visited facilities were using the RH based regimen.
	<b>8.1.7</b>	Support MDR TB DSM training.	MSH	10,875	100%	Apr	2012	A training on TB DSM was provided to 31(M= 22; F=9) pharmacy professional from 29 MDR TB treatment and follow up sites in 10-12 April, 2012.
	<b>8.1.8</b>	Assess the feasibility of introducing patient kits in Ethiopia	MSH	8,511	0%	Jun	2012	Planned for 4th quarter

	<b>8.1.9</b>	Support national Logistics / IPLS related TWGs	MSH		50%	Sep	2012	No TWG meeting conducted in the third quarter.
	<b>8.1.10</b>	Overseas training on DSM	MSH	9,810	cancelled	Aug	2012	Overseas trainings on DSM started in January 2012 & we couldnot process the registration earlier due to the delayed approval of APA2. This activity budges is modified to be used for activity No. 5.3.1.
	<b>8.1.11</b>	Support national forecasting and quantification of anti-TB drugs.	MSH	11,875	0%	Jun	2012	Planned for the 4th quarter
					<b>50%</b>			



## Quarterly MDR-TB Report

Country	Ethiopia
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Period	APRIL-JUNE 2012
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### MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment
Jan-Dec 2010	140	85
Jan-Sep 2011	109	139
Oct-Dec 2011	27	75
Total 2011	136	214
Jan-Mar 2012	16	91
Apr-Jun 2012	24	60
To date in 2012	40	151

## Quarterly GeneXpert Report

Country	Ethiopia
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Period	APRIL-JUNE 2012
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**Table 1: GeneXpert instruments and cartridges procured or planned by quarter**

	Procured			# still planned for procurement in APA 2	Month, Year procurement planned (i.e. April 2012)
	Jan-Dec 2011	Jan-Jun 2012	Cumulative Total		
# GeneXpert Instruments	Jan-00		Jan-00	Jan-00	
# Cartridges	Jan-00		Jan-00	Jan-00	

**Table 2: Cumulative List of GeneXpert Instruments Procured to Date or Planned in the Next Quarter**

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Instrument	# of Modules (1, 2, 4, or 16)	Location(s) (facility name & city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) <sup>1</sup>	Partner/ Implementing Organization; Additional Comments
	Jan-00				
	Jan-00				
	Jan-00				
	Jan-00				
	Jan-00				
	Jan-00				
	Jan-00				
	Jan-00				

<sup>1</sup> Differentiating between PEPFAR and USAID-funded is important. If it is PEPFAR funded, specify the fiscal year (i.e. FY2011). Add rows if there are more than 8 instruments in total.

**Table 3: Cumulative Xpert MTB/RIF **Cartridges** Procured to Date or Planned for Next Quarter**

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Order #	# of Cartridges*	Location(s) (facility name and city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) <sup>1</sup>	Comments
	Jan-00				
	Jan-00				
	Jan-00				
	Jan-00				
	Jan-00				

\*There are 10 cartridges per kit, but we need the total # of **cartridges** (not kits)  
Add an additional row for every procurement order of cartridges

Any additional information/clarifications to the above (optional)

Please provide a brief description of any significant problems encountered in use of the GeneXpert machine(s) and Xpert MTB/RIF cartridges

Please describe technical assistance or evaluation of implementation activities performed and planned.

## Quarterly Photos (as well as tables, charts and other relevant materials)

### Training Pictures





The four sputum booth models designed



TB unit under renovation at Gondar University Hospital



Participants of TB & TB /HIV Guideline validation workshop





## Inventory List of Equipment - TB CARE I

<b>Organization:</b>	<b>TB CARE I</b>
<b>Country:</b>	<b>Ethiopia</b>
<b>Reporting period:</b>	<b>April-June 2012</b>
<b>Year:</b>	<b>APA 2</b>



**TB CARE I**

Description (1)	ID numbers (2)	Acquisition date (3)	Acquisition cost (4)	V.A.T (5)	Location (6)	Condition (7)	Disposition date (8)	Title held by (9)	Insurance Policy #
CDMA	KNCV-ETH-01-01-4111	25/04/12	10.00		KNCV/Dr Dawit	Good	25/04/12	Dr Dawit- Technical officer	
CDMA	KNCV-ETH-01-01-4112	25/04/12	10.00		KNCV/Ribka	Good	25/04/13	Ribka Finance Officer	
Window 7 soft ware	KNCV-ETH-01-01-4131	24/05/12	30.98		KNCV	Good	24/05/12		
Window 7 soft ware	KNCV-ETH-01-01-4132	24/05/12	30.98		KNCV	Good	24/05/12		
Window 7 soft ware	KNCV-ETH-01-01-4133	24/05/12	30.98		KNCV	Good	24/05/12		
Window 7 soft ware	KNCV-ETH-01-01-4134	24/05/12	30.98		KNCV	Good	24/05/12		
Window 7 soft ware	KNCV-ETH-01-01-4135	24/05/12	30.98		KNCV	Good	24/05/12		
Window 7 soft ware	KNCV-ETH-01-01-4136	24/05/12	30.98		KNCV	Good	24/05/12		
Window 7 soft ware	KNCV-ETH-01-01-4137	24/05/12	30.98		KNCV	Good	24/05/12		
SHARP Coffee maker	KNCV-ETH-01-01-6051	29/06/12	6.59		KNCV	Good	29/06/12		

(1) Description of equipment: transportation (vehicles), administration (computers, faxes), laboratory equipment or others

(2) Identification number (eg Manufacturer's serial number, model number, Federal stock number, national stock number)

(3) Date of invoice

(4) Total price including any sales tax paid. Use currency on invoice

(5) Note any sales tax charged

(6) Address

(7) Good/fair or bad

(8)+(9) Ultimate disposition data, (in the case of a vehicle) including date of disposal and sales price or the method used to determine current fair market value.

where a recipient compensated TB CARE I for its share. Attach supplementary info